## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

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## LLC REGISTERED AGENT CHANGE 200 OCEAN CREST DRIVE 1012, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Y SULKER Help MAY 1 5 2020

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	nme of the limited liability company: 200 Oc	ean Crest Dr	ive 1012, LLC		
l. (a)	144 LAKE ROAD	(b) 144 LA	(b) 144 LAKE ROAD  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
s. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	BASKING RIDGE, NJ 07920	BASKIN	BASKING RIDGE, NJ 07920		
	11/19/08	L08000	107527		
3.	Date of filing/registration in Florida	4,	Document number		
<b>.</b>	CORPORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florida Dept. of Stat	e:		
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	_		
	TALLAHASSEE	, FL 32301-2525	2020 TALL		
(b)	Registered Agents Inc.		2020 HAY 14 SECRETARY ALL AHASSEE		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	- 355 75 75 75 75 75 75 75 75 75 75 75 75 7		
	7901 4th St N		ANY IL PH 3: 04 RETARY OF STATE HASSEEL FLORIDA		
	NEW Registered Office Address:				
	STE 300		- A		
	St. Petersburg	, <sub>FL</sub> 33702	_		
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limits were authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the State of F ss of the registered office ed liability company, it ers of the limited liability of the limited liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in		
Sign	Riture of a member or authorized representative of a member		Printed or typed name of signee		
I her provi- the ob- to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	I carea to act in this ca	pacity. I further agree to comply with the duties, and I am familiar with and accuses. F.S. Or. if this document is being file the limited liability company has been		
ر Signa	ture of Registered Agent	-			